

MENDOCINO COUNTY DEPARTMENT OF SOCIAL SERVICES CIVIL RIGHTS INFORMATION FORM

The purpose of this form is to collect information that will help us serve you.

If you do not want to complete this form, the worker will complete the form for you.

Special Needs means that you need some form of assistance to benefit from services such as audio tapes, forms read aloud, assistance in accessing the building, etc.

Do you have a Special Need?

☐ YES ☐ NO

Language Services means that you have a primary language other than English, or you need verbal information presented in Sign Language.

Do you need to use an Interpreter/Translator?

☐ YES ☐ NO

Please provide the following information:

NAME	SSN	LANGUAGE	SPECIAL NEED

CLIENT'S SIGNATURE

DATE

☐ Client declined to provide information. MCDSS staff completed form.

MCDSS STAFF'S SIGNATURE

Job Title

DATE

Please print your name here if your signature is not legible.